

Do not write above this line

**WIC Farmers Market Nutrition Program (WIC FMNP) &
Senior Farmers Market Nutrition Program (SFMNP)**

GROWER APPLICATION 2016

Grower Name (Last, First):			
Grower Mailing Address:			
City	County	State	Zip
Email:			
Home Phone:		Cell Phone:	

Farm Name:			
Farm Physical Address:			
City	County	State	Zip

If you have a farm store on your property and you want to be considered for authorization to accept FMNP (WIC & Senior FMNP) checks, please also fill in the section on page number 3.

Are you a new Grower to the program? ☐ Yes ☐ No

Please check one of the following:

- ☐ I grow all the eligible foods I sell
- ☐ I grow a portion of the eligible foods I sell
- ☐ I grow none the foods I sell

Farmers markets where I plan to accept FMNP checks: (Print the names of each market. List of authorized markets are posted on the website <http://www.doh.wa.gov/YouandYourFamily/WIC/FarmersMarket>)

Eligible WIC & Senior FMNP Foods

Check all the foods you plan to sell:

Fruits:

- ☐ Apples
- ☐ Apricots
- ☐ Asian Pears
- ☐ Blackberries
- ☐ Blueberries
- ☐ Boysenberries
- ☐ Cantaloupes
- ☐ Cherries
- ☐ Currants
- ☐ Red and Black Figs
- ☐ Gooseberries
- ☐ Grapes
- ☐ Ground Cherries
- ☐ Huckleberries
- ☐ Kiwi
- ☐ Loganberries
- ☐ Marion Berries
- ☐ Melons
- ☐ Muskmelon
- ☐ Nectarines
- ☐ Peaches
- ☐ Pears
- ☐ Plums
- ☐ Raspberries
- ☐ Sea Berries
- ☐ Strawberries
- ☐ Tayberries
- ☐ Watermelons

Vegetables:

- ☐ Alfalfa Sprouts
- ☐ Amaranth Greens
- ☐ Artichoke
- ☐ Arugula
- ☐ Asparagus
- ☐ Beets
- ☐ Bok Choy
- ☐ Broccoli
- ☐ Brussel Sprouts
- ☐ Cabbage
- ☐ Carrots
- ☐ Cauliflower
- ☐ Celery
- ☐ Chinese Cabbage
- ☐ Collard Greens
- ☐ Corn
- ☐ Cucumber
- ☐ Eggplant
- ☐ Garlic
- ☐ Green Beans
- ☐ Green Onions
- ☐ Kale
- ☐ Kohlrabi
- ☐ Leeks
- ☐ Lettuce
- ☐ Mizuna
- ☐ Mushrooms
- ☐ Mustard Greens
- ☐ Onions
- ☐ Parsnips
- ☐ Peas
- ☐ Peppers

- ☐ Potatoes
- ☐ Pumpkins
- ☐ Radishes
- ☐ Rhubarb
- ☐ Rutabagas
- ☐ Shallots
- ☐ Spinach
- ☐ Squash
- ☐ Swiss Chard
- ☐ Tatsoi
- ☐ Tomatillos
- ☐ Tomatoes
- ☐ Turnips
- ☐ Watercress
- ☐ Yellow Waxed Beans
- ☐ Yu Choy
- ☐ Zucchini
- ☐ Other Eligible Greens
- ☐ Other Eligible Sprouts

Cut Herbs:

- ☐ Basil
- ☐ Cilantro
- ☐ Chives
- ☐ Dill
- ☐ Fennel
- ☐ Parsley
- ☐ Other Eligible Herbs

Sell to Seniors only:

- ☐ Honey

FARM STORE

Fill out this part of the application **only** if you operate a farm store and want your farm store to be considered for authorization to accept FMNP checks. Submitting this document does not guarantee your farm store will be authorized.

If you have more than one farm store, make a copy of this form and fill out for each individual farm store. Attach it to the last page of the application.

Check the appropriate answer to the questions below:

The farm store is located on the property where I grow FMNP eligible food. ☐ Yes ☐ No

Someone is at the store during all hours of operation to assist customers. ☐ Yes ☐ No

Farm Store Address:

City	State	County	Zip
Farm Store Phone:			

Farm Store Hours of Operation: State the hours the farm store is open for each day and month during the FMNP season.

Operating Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
June							
July							
August							
September							
October							
Notes:							

By signing this application:

1. I understand there is no guarantee I will be authorized to participate in the Washington State Farmers Market Nutrition Program.
2. I understand that if I am authorized, I am bound by all the terms of the "Grower Contract Agreement WIC/Senior Farmers Market Nutrition Program 2016."

If you need assistance contact the FMNP office by calling 1-800-841-1410 or TTY 711 or by emailing FMNPteam@doh.wa.gov.

I affirm that the statements in this Grower Application are true and correct. I understand if I have provided false information, the Department will decline my application or terminate my authorization to accept FMNP Checks.

I affirm that I have read and understand all sections of the document titled "**Grower Contract Agreement WIC/Senior Farmers Market Nutrition Program 2016**". I understand it is my responsibility to clarify any section of this document by requesting assistance from a representative from the Washington WIC Farmers Market Nutrition Program.

I understand by signing this contract, I acknowledge that if I do not meet any part of the criteria required for WIC/Senior Farmers Market Nutrition Program authorization, my application will be declined by the department.

I understand that, if I do not sign this contract, my application will be declined.

Print Grower's legal name

Signature

Date

The undersigned affix their signature in execution of this Agreement

Department of Health use only

DOH FMNP representative

DOH FMNP Signature

Date

The contract is not effective until signed on this page by both parties and you receive the copy of your contract with an authorization letter.

Please send the application by mail to:

WA State FMNP Contracts Coordinator

PO Box 47886

Olympia, WA 98504

1-800-841-1410

The U.S. Department of Agriculture WIC program prohibits discrimination against its customers on the bases of race, color, national origin, age, disability, and sex. See full USDA nondiscrimination statement at:

http://www.usda.gov/wps/portal/usda/usdahome?navtype=FT&navid=NON_DISCRIMINATION

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Washington State WIC Nutrition Program does not discriminate.

